Dated: January 16, 1996.

Julia M. Fuller,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

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Agency for Toxic Substances and Diseases Registry

Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DOE) Sites: Hanford Health Effects Subcommittee

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

Name: Citizens Advisory Committee on Public Health Service Activities and Research at DOE Sites: Hanford Health Effects Subcommittee (HHES).

Times and Dates: 8:30 a.m.–5 p.m., February 8, 1996; 7 p.m.–9 p.m., February 8, 1996; 9 a.m.–5 p.m., February 9, 1996.

Place: Marines' Memorial Club, 609 Sutter Street, San Francisco, California 94102, telephone 415/673–6672, FAX 415/441–3649.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 150 people.

Background: A Memorandum of Understanding (MOU) was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or ''Superfund''). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

In addition, under an MOU signed in December 1990 with DOE, the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production and use. HHS delegated program responsibility to CDC.

Purpose: The purpose of this meeting is to receive an update from the Inter-tribal Council on Hanford Health Projects; brief on the status of the R–11 Survey; receive reports from the Outreach, Public Health Activities, and Health Studies Work Groups; and address other issues and topics, as necessary.

Matters To Be Discussed: The Subcommittee will consider a number of items including ATSDR's medical monitoring options, ATSDR's planning for a medical assistance program, and solicitation of concerns the Subcommittee wants ATSDR and CDC to address.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Linda A. Carnes, Health Council Advisor, ATSDR, E–28, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/639–0730, FAX 404/639–0759.

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Centers for Disease Control and Prevention

[INFO–96–08]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–3453.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Metropolitan Atlanta Birth Defect and Risk Factor Surveillance Program—(0920–0010)—Extension—Birth defects are the leading cause of infant mortality in the United States, and they cause a great deal of lifelong morbidity. One in 33 infants are born with a major birth defect. Occasionally, medications or environmental agents have been recognized as causes of birth defects, an example being the drug thalidomide in the early 1960s. Unless surveillance of trends and unusual patterns in birth defects is undertaken, new ''thalidomides'' may be introduced and fail to be recognized in a timely fashion. The Metropolitan Atlanta Congenital Defects Program (MACDP) has conducted such surveillance since 1967 using existing hospital and clinic medical records.

The causes of the majority of birth defects, however, are not known. Birth Defects Risk Factor Surveillance (BDRFS) (which began in January, 1993) attempts to find the causes of a selected subset of major anomalies, using an ongoing case-control study approach. BDRFS draws its cases from the data collected by MACDP and conducts in-depth interviews with the parents of affected infants and a comparison set of randomly selected parents of unaffected infants.

The objectives of these two activities are: (1) To conduct surveillance for congenital anomalies in metropolitan Atlanta; (2) to gain new information on causes of birth defects; (3) to further evaluate factors already suspected of influencing the occurrence of birth defects; and (4) to develop and test methods (including the use of biologic markers of exposure and susceptibility) in birth defect surveillance that would be exportable to other birth defects surveillance systems. The total cost to respondents is estimated at $6,000.